

Open Enrollment 2010

Benefits @ Work

Open Enrollment 2010: November 2 through noon (Indianapolis time) November 23

During this period you can choose to make additions or changes to your benefit selections. Open Enrollment communications, including carrier information, rates and plan summaries will be posted on the State Personnel Department's Web site at www.in.gov/spd/openenrollment

Checklist for a successful Open Enrollment:

- ✓ Access your PeopleSoft® account.
- ✓ Review your Open Enrollment record and carefully read the information.
- ✓ Confirm or update your personal information including your home or mailing address, phone number and/or e-mail addresses.
- ✓ Review your eligible dependents and beneficiaries. If you have a dependent child age 19 or older, you will need to certify their full-time student status or disabled dependent status (see information in the Over-age Dependents section).
- ✓ Check your current election or make new elections. It is important that you review the dependents enrolled on each of your plans.
- ✓ If you have a health savings account or a flexible spending account, you will need to re-elect or re-state your annual contribution amount.
- ✓ Enroll in the vision plan to continue coverage.
- ✓ Accept or Decline the Non-Tobacco Use Incentive.

***Note: The Non-Tobacco Use Incentive will not carry over from year to year. If you would like to participate in 2010 you must access your PeopleSoft® record and accept the agreement.**

Effective Dates

Health, dental, vision, health savings accounts and flexible spending accounts changes/enrollments will be effective on Jan. 1, 2010. Life insurance changes/enrollments that do not require Evidence of Insurability with approval from AUL will be effective Jan. 10, 2010, for payroll A and Jan. 17, 2010, for payroll B.

Deductions for health, dental and vision will begin:

- Payroll A: Dec. 23, 2009 (five days at old plans and rates; nine days for new plans and rates)
- Payroll B: Dec. 16, 2009 (12 days for old plans & rates; two days for new plans and rates)

Deductions for the flexible spending account, health savings account and life insurance will begin on the first check in January:

- Payroll A: Jan. 6, 2010
- Payroll B: Jan. 13, 2010

Non-Tobacco Use Incentive

The agreement no longer reduces your deductible, but will provide a \$10 reduction in bi-weekly premiums for all medical plans. This applies to employees who have never used tobacco, to employees who have not used it in a long time and to those employees who are going to quit, starting right now. All that is required is that during Open Enrollment you commit to not use any form of tobacco in 2010. If you accept the agreement you are also agreeing to be subject to testing for nicotine. **The Non-Tobacco Use Agreement must be completed each year online.**

If you accept the Non-Tobacco Use Agreement during open enrollment and later use tobacco, your employment will be terminated. The only exception to the job loss penalty is if you rescind the agreement by logging into PeopleSoft® and completing the self-service process to change your agreement **prior** to the use of any tobacco product.

Dependent Eligibility Audit

The state will be conducting a dependent eligibility audit in 2010 which will require employees to provide documentation validating their relationships with each person enrolled as a dependent. Enrolling ineligible dependents and/or maintaining coverage on dependents who become ineligible during the plan year may result in disciplinary action, regardless if determined through an audit or by other means.

Changes to Health Care Offerings

The Traditional II Plan has been redesigned and is now a Traditional PPO plan (which is also known as an 80/20 plan). This means participants currently enrolled in the Traditional II plan will now pay a coinsurance for allowable claims instead of a co-pay. Coinsurance is a percentage of the claim, whereas co-pays are fixed amounts. You will pay 20 percent coinsurance for most services after the deductible is met and before the out-of-pocket maximum is reached. Benefits are identical to the Consumer Driven Health Plans (CDHPs), except that separate deductibles and out-of-pocket maximums apply for in-network and out-of-network claims. For out-of-network claims, there are higher deductibles and out-of-pocket costs. Preventive care services are covered at 100 percent just as the CDHPs.

Medco is the new Pharmacy Benefit Administrator for the CDHP1, CDHP2 and the Traditional PPO plan. Pharmacy contact information will be included on your Anthem card. Medco will send additional information to enrollees in late December.

Anthem's Blue View Vision Select is the new vision plan. Benefits remain the same but there will be a change in premiums and provider access from the Access network to the Select network. The main providers such as Lenscrafters, Target, Ossip, Sears, etc., remain the same. If you were enrolled in the vision plan in 2009, your enrollment will **NOT** carry over. If you wish to continue your vision coverage, you will need to access your open enrollment and re-enroll in the plan. **If you fail to do so, you will have no vision coverage for 2010.**

New cards will be issued to all employees enrolled in the Anthem medical and vision plans. The cards will include contact information for Anthem (including vision, if you are enrolled) and Medco.

Delta Dental coverage remains the same. However, this year there will be a nominal cost for coverage. If you decide you do not want to continue dental coverage, you will need to access your open enrollment to waive your coverage, otherwise your current coverage will continue.

Dual Coverage

Dual coverage by two state employees is not allowed under the state's benefit plans. This means that if both you and your spouse are state employees, you may not cover each other or the same children on family coverage. This also applies to parents of children who are not married to each other. You may each elect a single plan, one may carry family and the other may waive coverage, or one may carry family with the children and the other carry single coverage. This applies to medical, dental and vision.

Health Savings Accounts (HSA)

The state's HSA contribution level is listed below. The state will be pre-funding half of the employer contribution to each HSA. This applies to employees enrolled in a Consumer Driven Health Plan (CDHP) effective from Jan. 1, 2010, through June 1, 2010. CDHPs effective after June 1, 2010, but before Dec. 1, 2010, will receive one-half of the initial contribution. **The initial lump sum contribution is based on the coverage type (single/family) that is effective Jan. 1, 2010.**

HSA Accounts	Coverage	Initial Contribution *	Bi-Weekly Contribution	Monthly Contribution	Maximum Annual ER Contribution
HSA 1	Single	\$687.96	\$26.46	\$57.33	\$1,375.92
	Family	\$1,375.14	\$52.89	\$114.60	\$2,750.28
HSA 2	Single	\$413.40	\$15.90	\$34.45	\$826.80
	Family	\$825.24	\$31.74	\$68.77	\$1,650.48

- If you have an active HSA with Tower Bank and wish to continue receiving the state's contributions in 2010, you do not need to open a new HSA account with Tower Bank. If you wish to continue contributing to your account or begin contributing for 2010, you need to access your PeopleSoft® record and enter your desired contribution. Your contribution amount for 2009 will **not** carry over to 2010.
- If you are electing to participate in a HSA for the first time in 2010, you must edit the online HSA option and choose the HSA that corresponds to your medical CDHP election in order to receive the state's contribution.
- In addition to electing the HSA option, you will need to open a HSA account with Tower Bank before Jan. 1, 2010. To accomplish this, you may link to Tower Bank's Web site from PeopleSoft® on your HSA election page, or you may go directly to the Tower Bank Web site at www.hsa.towerbank.net. The first page of this online session says: **If you have been instructed by your employer to visit this site to open your Health Savings Account, click this button and insert your employer code below.** Enter 100366 in the "employer code" and it will begin the state application. You will need the following information to complete the HSA application online: (1) driver's license; (2) Social Security number, date of birth and address for your beneficiaries; (3) Social Security number, date of birth and address for your

authorized signer (if selected); and (4) security passwords for you and your authorized signer (based on the answer to one of the five questions you select during the application process).

Health Savings Account and Medicare Eligibility

When you turn 65 and have signed up for Social Security benefits, you will automatically be enrolled in Medicare Part A. This will disqualify you from receiving the state's contribution or making your own contributions into an HSA. If you wish to continue participating in the HSA, you should decline to receive Social Security retirement benefits and decline Medicare Part A. If you wish to have Social Security retirement benefits and Medicare, you must contact your Benefits Coordinator to stop contributions into an HSA.

This also applies to receiving Social Security disability benefits and Medicare.

Maximum Contributions to a Health Savings Account

Contributions are allowed up to the maximum statutory limit. The maximum annual contribution for 2010 is \$3,050 for self-only policies and \$6,150 for family policies. Individuals age 55 and over may make an additional "catch up" contribution of up to \$1,000 in 2010. The maximum includes the state's contributions and your contributions to your HSA.

Flexible Spending Accounts (FSA)

FSAs provide the opportunity to set aside pre-tax dollars from each paycheck for reimbursement of qualified medical and/or dependent care expenses. You must re-enroll in medical and dependent care FSAs each year if you wish to continue to participate. If you continue participation in the medical FSA, **do not discard the debit card from Key Benefit Administrators**; new cards are not automatically issued each year.

This year the administrative fee will be \$2.63 per pay period. As a reminder, the FSA has a "use it or lose it" rule. Money left at the end of the plan year is not rolled over or reimbursed.

IMPORTANT: Certain limitations apply to medical FSAs, if you elect to enroll in one of the Consumer Driven Health Plan options in conjunction with the HSA. If you are enrolled in an HSA, your FSA will automatically become a Limited Purpose FSA. You should carefully review your expenses when electing both an HSA and a medical FSA.

Life Insurance

To begin new life insurance coverage (basic, supplemental and/or dependent life), increase supplemental life insurance or cover additional dependents, you must first complete the Evidence of Insurability process. You may be required to have a physical. The Evidence of Insurability process will not be available through PeopleSoft® self-service, but will need to be completed using a paper application. Applications are available on the State Personnel Department's Web site at www.in.gov/spd/openenrollment

To enroll in or increase life insurance coverage, return the completed Evidence of Insurability, AUL enrollment application and the Dependent Insurability forms, if applicable, to American

United Life postmarked no later than Nov. 23, 2009. Do not return them to your agency as this may cause delay and/or denial. Mail the forms to: American United Life Insurance Co., P.O. Box 368, Indianapolis, IN 46206-0368, ATTN: Group State of Indiana Unit.

If you would like to decrease or drop any life insurance coverage or change beneficiaries you may complete these actions online using PeopleSoft®.

REMINDER: Supplemental life insurance is offered to most employees in increments of \$10,000 up to and including \$150,000, regardless of salary level. Employees reaching age 65 or older on or before Dec. 31, 2010, will be limited to \$100,000 of supplemental life insurance coverage. Employees attaining age 65 during the plan year will automatically be reduced to \$100,000 of supplemental life insurance coverage and their payroll deductions adjusted accordingly.

Over-age Dependents

Students

Dependent children may be covered by your health and life insurance plan until the end of the calendar year in which they turn 19. Dependent children age 19 and older who are full-time students may continue coverage until the end of the calendar year in which they turn age 23. **If you are covering or intend to cover an over-age dependent who is a full-time student, you must access PeopleSoft® during open enrollment and edit your dependent information by marking “yes” in the student box of eligible dependents.** Once you have completed this step, you must then access **each** plan (medical, dental, vision, life) and re-enroll the student on each plan for which you desire coverage. Documentation may be requested periodically by the carrier(s) to confirm continued eligibility.

Dependents that are or will be age 19 or older by the end of the year and are not marked as full-time students will be removed from coverage.

Disabled Dependents

Disabled dependent children may continue benefits beyond the end of the calendar year in which they turn age 19, if eligibility is maintained and the Verification of Dependent Disability form is submitted. **This form must be completed and signed by a physician for disabled dependents and turned into the State Personnel Benefits Division within 120 days of the beginning of each plan year for continued eligibility.** Do not return the form to your agency, as this may cause delay and/or termination of coverage. **This form must be filed each year.** The form is available on State Personnel's Web site.

College Student Medical Leave (Michelle's Law)

If your student takes a medically necessary leave of absence from college, his/her coverage could be extended for up to one year. The student must be enrolled as an eligible dependent under one of the health plans and must be attending a post-secondary educational institution. He/she must also meet the requirements for a medical leave of absence. You will need to contact the Benefits Hotline for further requirements and instructions.

Retiree Flexible Spending Program

Eligible employees retiring after open enrollment but before Jan. 1, 2010, must complete the Intent to Participate form (State Form 50675) to receive payment for unused leave hours in excess of 225. Forward the completed form (employee portion and agency portion) to State Personnel immediately for processing. Payment of leave will be processed at the end of the first quarter of the following year.

PeopleSoft Login and Online Self-Service Instructions

WHEN TO LOG IN: To avoid overloading the PeopleSoft® system, we ask that you complete your open enrollment during the window specified below. If you have trouble accessing PeopleSoft® during the workday, try again at an off-peak time, such as after 6 p.m. or on the weekend.

Last name begins with:	Login between:
A – F	Nov. 2 – Nov. 7
G – M	Nov. 8 – 12
N – S	Nov. 13 – 17
T – Z	Nov. 18 – 21
Open	Nov. 22 – 23 (noon Indianapolis time)

- If you access the state network, the password used to log on to your computer can now be used to log in to PeopleSoft®.
- If you do not remember the password used to log in to your computer, you can use IOT's Self-Service Password Reset to reset your password over the phone anytime. Enrollment is required so if you have not enrolled yet, go to <http://passwordreset.iot.in.gov/> to get started.
- If you have not logged in to PeopleSoft® in the past 60 days, your password may be reset to a default password which is the first initial of your first name, last four digits of your social security number and the first initial of your last name. Both initials should be capitalized. For example, the password for Joe Smith with Social Security # 123-45-7890 would be J7890S.

IOT Customer Service can be reached at (317) 234-4357 or toll free at 1-800-382-1095.

Remember, you can access PeopleSoft® at any time during the year to review your benefits or update contact information. To access PeopleSoft®, open a Web browser window and go to:
<https://hr.gmis.in.gov/psp/hrprd/?cmd=login>.

CURRENT BENEFIT ELECTIONS: To view current benefit elections, login to PeopleSoft® and follow these steps: Click on Self Service, then Benefits and finally, Benefit Summary. Your 2010 benefits will not be available to view until Jan.1.

Qualifying Events/Making Changes After Open Enrollment

After noon (Indianapolis time) on Nov. 23, you will not be able to make changes to your benefits. This means you must be certain you have made all the best choices and remembered to add all eligible dependents **to all plans**. After Open Enrollment, you can only make changes due to a qualifying event. Qualifying events are governed by the IRS. Examples of qualifying events are:

- Changes in your legal marital status (marriage, divorce, separation, annulment or death of spouse).
- Changes in the number of dependents (birth, adoption, placement for adoption or death).
- Changes in employment status for you or your spouse, such as termination of or change in employment, a strike or lockout, start or end of an unpaid leave of absence or a change in worksite.
- Changes in dependent eligibility status (such as attainment of limiting age, becoming a full-time student or marriage).

Failure to report the qualifying event and complete any necessary paperwork within **30 calendar days** means you will not be able to add dependents until the next enrollment period.

Have Questions? Need More Help?

For 2010 plan summaries, rates, PeopleSoft® instructions and other Open Enrollment information, log on to www.in.gov/spd/openenrollment

Help sessions will be provided in Indiana Government Center South Conference Center Training Room 31 throughout Open Enrollment for those needing assistance with entering elections and navigating through PeopleSoft®. Hours will be 8 a.m. to 4 p.m. Monday through Friday. Extended hours will be 7:30 a.m. to 6 p.m. Wednesday, Nov. 4 and 18.

If you have specific questions about Open Enrollment not answered on the State Personnel Department's Web site, call the Benefit's Hotline: 317-232-1167 or toll free at 1-877-248-0007 (outside Indianapolis).